IDAHO REAL ESTATE APPRAISER BOARD

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, ID 83702 (208) 334-3233

APPLICATION FOR REGISTERED TRAINEE

INSTRUCTIONS: Please complete this form by providing all of the requested information. Read the application carefully. The application MUST include all requested information and the required fees (application fee of \$250.00 & registration fee of \$50.00). Your signature, and that of your supervisor, must be notarized. Submit the completed application and fee to the address noted above. The application fee is not refundable once the Bureau has accepted the application for filing. Each licensee who provides you with supervision during your trainee period must complete a Supervising Appraiser Affidavit. The affidavit page may be copied as necessary if you have more than one supervisor. Attach the completed copies to this page.

I hereby make application for Registered Real Estate Appraiser Trainee under Chapter 41, Title 54, Idaho Code, also known as the Idaho Real Estate Appraisers Act.

1.	Full Name (Mr., Mrs., or Ms.)										
2.	Mailing Address										
	Street/PO Box					(City	State		Zip	
3.	Date of Birth/_//	Place of	Birth	ı			Soc	ial Security #		//	
4.	Business Name										
5.	Business Address										
	Stre	eet/PO Box					City	State		Zip	
6.	Daytime phone _()	Fax _	_(_)		E-mail _					
8. (If info	Have you ever been convicted on Yes, a detailed statement, a summary of permation must be received before your evertee to the best of my knowledge that I am of good moral character less governing the practice of Real Fereby authorize and direct any persocupational Licenses or it's authorize to mendation, or disclosure that me plying. I understand that by signing protected or confidential, and that I insidered by the Board.	f any State f the charges application v ary that the and belief, ter and that Estate Appr on, agency, ed represer ay have bea g this form	e or F s, the f will be respo and th I hav aisal firm, atative aring	AF nses hat I /e re and , or (e, an on n	ral felony order, any order, any orderd, any orderd any provided may be re viewed ar Real Estate other entity y informany y eligibil orizing the	probation or on and atta equired to p id will comple Appraised y to release tion, commity for or me e release of	ched to the rovide adply with Unication aintenancinformati	nis application ar Iditional informa USPAP and the I s. e request of the E a, report, record, se ce of the license f	e trition dah Sure For v	ue and I. I fur O Laws au of ement, which l	ther s and am rwise
					Signa	ture of App	olicant				_
Sta Sul	te of, County of bscribed and sworn before me this	day	of _		, ss.		, 20				
	(seal)					y Public of ommission of	_	nature			_

BOL-REA/RTR-2 – 10-04

APPLICATION FOR REGISTERED TRAINEE

		ADE	DENDUM		
(The list of appre	mpleted at least 75 cl oved subjects is provided in e required training.)	assroom hours of real (Rule 299. USPAP training is	estate appraisal courses? required. Please complete the addend	[] YES	
hour Uniform		onal Appraisal Practice	raisal shall include documente class (including exam). Comp		
		APPROVED APPRAIS	SAL RELATED COURSES		
Date of Course Completion	Course Title		Sponsor	Total Class room hours	Was an e passed? (Yes or N
PHOTOGRA preceding thi		nust attach an original pa	assport photograph taken withi HEIGHT	n the twelve months is	mmediately
			WEIGHT		
ATTACH PHOTOGRAPH HERE			EYE COLOR		
			HAIR COLOR		
	SUPERV	ISING APPRAISER I	NFORMATION AND AFFI	DAVIT	
Supervisor's	Business Name				
Supervisor's	Business Address				
		Street/PO Box	City	State	Zip
Daytime pho	one _()	Fax _()	E-mail		
not been the scertify that I is I further certify Real Estate A	subject of discipline by am not supervising mo fy that I have reviewed	y the Idaho Real Estate Appreciate than three (3) appraised and will comply with that Appraiser Trainees. I	o Real Estate Appraiser license Appraiser Board within the pre- ter trainees, including the appli- USPAP and the Idaho Laws and understand the responsibilitie	evious four (4) years. icant. and Rules governing the	I further e practice of

my commission expires_____ 2

State of ______, County of ______, ss.

Subscribed and sworn before me this ______ day of ______, 20 _____.

Signature of Supervising Appraiser

Notary Public official signature

(seal)

Print Supervisor's Name & License Number